

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098628

1. Entity Name  
NEW TOURING, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90029 021 \*\*\*150.00

Principal Place of Business

12800 INDIAN ROCKS RD  
SUITE 5  
LARGO FL 33774

Mailing Address

12800 INDIAN ROCKS RD  
SUITE 5  
LARGO FL 33774

001130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 ORANGE AVE  
Suite, Apt. #, etc.

3. Mailing Address

15 S. ORANGE AVE  
Suite, Apt. #, etc.

City & State  
ORLANDO, FLA

City & State  
ORLANDO, FLA

4. FEI Number 59-3480049

Applied For  
Not Applicable

Zip  
32801

Country  
ORANGE

Zip  
32801

Country  
ORANGE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAGAN, DAN  
12800 INDIAN ROCKS RD., #5  
LARGO FL 33774

Name Gary Whitfield CPA

Street Address (P.O. Box Number is Not Acceptable)  
155 ORANGE AVE

City ORLANDO

FL

Zip Code 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MEEKS, TRAVIS  
STREET ADDRESS 12800 INDIAN ROCKS RD., #5  
CITY-ST-ZIP LARGO FL 33774 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS  
NAME EAGAN, DAN  
STREET ADDRESS 12800 INDIAN ROCKS RD., #5  
CITY-ST-ZIP LARGO FL 33774 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE CPO  
NAME GARY D. WHITFIELD  
STREET ADDRESS SAME  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)